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APPLICANTS

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** CONTINUING DATA ***** *Yes, R*
 This application is a CON of 09/699,796 10/30/2000 PAT 6,727,818
 which claims benefit of 60/162,537 10/29/1999
 and claims benefit of 60/169,315 12/07/1999
 and claims benefit of 60/223,365 08/07/2000

** FOREIGN APPLICATIONS ***** *None, R*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IN	SHEETS DRAWING 13	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 7
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 25267
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TITLE
 Hygiene monitoring system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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